

## Notice From Employee of Changes in Approved Family or Medical Leave

<b><u>DATE:</u></b>	_____
<b><u>TO:</u></b>	_____
	[Employer]
<b><u>FROM:</u></b>	_____
	[Employee]
<b><u>RE:</u></b>	Approved FMLA leave

When I originally began my Family or Medical Leave, it was anticipated that I would return to work on \_\_\_\_\_.

I wish to inform you that I am unable to return to work on the agreed upon date because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Therefore, I am requesting that my leave be extended until \_\_\_\_\_.

Please contact me to discuss this matter further. You may reach me at \_\_\_\_\_.